



**GROUP MEDICAL RETIREE CONVERSION  
ELECTION FORM**

I, \_\_\_\_\_, elect to convert to the City of Richardson's medical retiree insurance benefits. My monthly premium for the medical retiree program will be as indicated below for the coverage selected.

I have reviewed the "Retiree Premium Scale Based on Years of Service" and have determined that my premium rate the first year of retirement will be: \$\_\_\_\_\_, based on \_\_\_\_\_ years of service. This coverage includes:

- Retiree only
- Retiree + spouse
- Retiree + family
- Surviving spouse only
- Surviving spouse + 1 dependent
- Surviving spouse + family

I am eligible for Medicare?                      Yes                      No

If eligible for Medicare, when did it become effective: \_\_\_\_\_

I further understand that it is my responsibility to notify the City of Richardson Human Resource office of any change in the eligibility of my dependents.

\_\_\_\_\_  
Employee Signature    Effective date

My covered dependents are as follows (name, relationship, date of birth)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Open enrollment for adding newly acquired dependents

**\*\*Premiums may be subject to change each policy year.\*\***